

Baby NAME: B/O
 Father's Name : M:
 Place: OP / IP No:
 DOA: at:, DOD: :

Dr GANGADHAR MBBS, FCIP, DCH
drgangadar@gmail.com
 Week Days: 10.30 Am - 1 PM & 5.30 Pm - 8 pm
Special Interest in New Born Care / Neonatology
Consultant Pediatrician Former: Niloufer Hosp

NEW BORN BABY BIRTH RESUSCITATION &

Baby Discharge Details:

Birth Date:
Time: am / pm,
Baby weight kg,

Single Baby, Live Baby, Gender, Maturity (pre/term/
 post term),(LGA, AGA, L BW, VLBW, IUGR) Gestational Age:
 weeks, (High Risk if GA is Less than 33 weeks or weight < 1500 gms.), Delivery
 via, Baby cried immediately after birth,

O/E:Active, Tone, No Lethargy/dull, No Apnea, Perinatal Birth
 Asphyxia, Pink, Cyanosis-**Peri** / central Present, Oral secretions /
 Air way Cleared, Stomach wash done. Umbilical Cord Clamped, No Meconium
 Aspiration, No obvious external Congenital Anomalies. No Asymmetric
 extremities, No Dysmorphic Face.. No Umbilical cord Abnormalities

Vital Data: HR: /min, RR: /min, **SPO2: 1'** : % RA, **SPO2: 5'** :
 % **APGAR:** 1': /10, 5' min: / 10, CRT: < 2 sec,
Sys.Exm: R/S, BAE + , B/L , CVS : S1 , S2+ , no
 murmurs, P/A : Soft, BS +, no organomegaly, CNS : AF Flat at the level , Cry is
 good, NNR - All four limbs are active

(This Check List created by Dr Gangadhar 25Nov 2016, email drgangadar@gmail.com)

Newborn Baby Care/Neonatal/Pediatrics Department, 24/7 hours Ambulance, Emergency Service, Diagnostics & Pharmacy M:

Excellent **NICU** New Born Care Unit By Senior Pediatrician Doctor Gangadhar and other Team, 100 Bedded
 Hospital, Level 111 NICU Neonatal Intensive Care Unit, CPAP, NewBorn Baby / Infant - Artificial
 Respiration Ventilator, Radiant Warmers, Phototherapy Units for Critical Emergency cases of New Born
 Low Birth weight, PreTerm Babies, Fits, Jaundice, Syringe Pumps, Monitors. **PICU** - Pediatric Intensive
 Care Unit, CPAP, Pediatric Artificial Respiration Ventilator, Syringe Pumps, Monitors.

Departments: Obst. & Gynecology, General Physician, Orthopedics, Accident & Trauma Centre, General Surgery,
 Emergency & Critical Care with Anesthetist Doctor and Round the clock Duty Medical Officers.

Our Insurance Services: Aarogya Sri Scheme, Aarogya Bhadratha Scheme ABS, State Government
 Recognized Hospital, EHS, ESI, TSPDCL, Reimbursement Facility for Govt. Employees, Pensioners and their
 Dependants.

Antenatal Tests & History of Mother: LMP:, USG EDD:,
 NT Scan/TIFFA Scan details:, Primi / G P L A D Precious
 Pregnancy, if Any Abortion/ Death due to, Eclampsia HTN,
 DM / GDM, Hypo Thyroidism, / Hyper Thyroidism, Blood grouping & Rh. Typing
 Obesity / under Weight, Anemia, Infections of Mother: HIV, HB(s) Ag, TB, TORCH- IgM, IgG, VDRL,
 Vitamin D, UTI, Any H/o Allergy, Asthma, Seizures, Heart Disease, Consanguineous Parents etc.

To identify Risk for Congenital Anomalies in the Fetus : All Pregnant women of any age, Race, IDM, Multiple Gestation, IVF, Smoking, Previous History of Down sy should be screened for Prenatal Disorders. **Double marker - Maternal Serum Screen 2: Dual Test, at 1st. Trimester** (10-13 weeks GA with TIFFA Scan Nuchal Translucency, Nasal Bone visualization and Biochemical tests combined) **HCG- Free Beta, PAPP-A** to Rule out **Trisomy 21** Down Syndrome, Trisomy 18/13. **Triple marker –Maternal Serum Screen 3, at 2nd. Trimester, GA 15 -20weeks, Gaussian markers - AFP, HCG and Estriol Unconjugated E3** estimation - For High / Low Risk Calculation for **Trisomy 21 Downs, Trisomy18 Edward's, Trisomy 13 Patau's syndromes** risk, Neural Tube defect Risk etc. Confirmation by Amniotic fluid screening.

Natal Screening : Cord Blood / Amniotic Fluid Sampling for : Karyo Typing, Chorionic Villi culture.

Post Natal, New Born Screning & Investigations: Reports if any are attached :**Bl. Sample :** S. Bil -T & D, CBP, CRP, Blood grouping & Rh. Typing, S. Creatinine, S. Electrolytes, S. Calcium, T3, T4, TSH, LFT, Stool for Reducing Substance, X-ray Chest and Abdomen.

IEM - Inborn errors of Metabolism Screening: For to rule out : **Neurological, Mental & Motor Retardation, Developmental Delay, Seizures, Lethargy, Hemolytic Anemias, Failure to Thrive, High / Low Bl. Sugar, Developmental, Growth Retardation & Abnormalities, Skeletal /Cardio Myopathy, Feeding problems etc.**

Blood Lactate. If GRBS is Low- Urine non-Glucose Reducing Substances, **Neuro USG**, Plasma Ammonia (in Ice pack) ABG Urine ketones Arterial
 Ammonia Analysis . MRI Scan Brain , EEG, CSF **IEM : Amino Acid**
 Disorders , Purine, Pyrimidine metabolism / Carbohydrate Disorders / Fatty Acid Oxidation Disorders / Lactic Acidemia / Organic Acid
 Disorders / Peroxisomal diseases **Heal Prick Tests :** GRBS, CH, CAH, G6PD, CF, PKU, Biotinidase, Galactosemia, Sickle cell trait &
 Disease, Hb Variants, B- Thalassemia.

Hospital NICU Course and Treatment Given: Baby Warmer/ NICU Care, Airway and mouth cleared, Stomach wash done, Monitored vitals, O2 inhalation SOS, Inj Vit K 1mg. IM stat given, etc.
 IVF 10% Dext, Inj Cal. Gluconate,

DISCHARGE ADVICE: Baby Discharged with stable Vital Data. Tick /

1. Keep Baby warm / Away from Fan
2. Nebasulph Powder - APPLY TWO TIMES per DAY x 5 DAYS.
3. **BREAST MILK FEEDS 2nd. HOURLY** followed by Burping for 6 months exclusively, (THEN AFTER BREAST FEEDING TO CONTINUE UPTO 2 YEARS ALONG WITH WEANING FOODS)
4. **Domstal Drops** 4 drops at 8am — 4 drops at 3pm -- 4 drops at 11pm x 10 DAYS.
5. **A-Z Drops** (from 10 days of life) 5 d --- 5 d x 1 month
6. **Calday –P syp** 2.5 ml thrice daily with milk x 3 wks
7. **Vaccination BCG, OPV, HB inj** Due on Fri / Tue : at 10.30 am.
8. **T3, T4, TSH Test** due on 3 RD. DOL
9. **REVIEW AFTER 1 DAY at 10.30 am / 5.30 pm / SOS** for growth checkup and Jaundice (yellow eyes and skin , Next **Neuro Developmental Assessment at 3, 6, 9, 12 m**
10. Emergency call Help Line :

drgangadar@gmail.com

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For Preterm Baby GA < 33 wks / wt. < 1500 g. **ROP Test, BERA Test, Neuro SonoGram** at the age of 3 m.

Dt. and Neuro Developmental Assessment at 3, 6, 9, 12 m ,

Dangerous Signs & symptoms: like any Refusal of feeds, Fits, Vomiting, Loose motions, Fever, Lazy Baby, No Cry, Jaundice, Blue skin and Lips, Breathing problems etc.

Discharge advice and instructions I have received my Baby, All Risks have been explained to attendees i.e me

in my language and I understood : **Sig.of the Baby Attender : x**

Relation:

M:

Date and Time:

How to apply for Birth Certificate? : Carry this Baby birth record, Vijaya Krishna Hospital Birth certificate and mother Delivery Discharge Record, Give name to your Baby and submit to Municipal Office. Page: 2